

COMMONWEALTH OF VIRGINIA

Department of Criminal Justice Services

P.O. Box 1300 • Richmond, VA 23218

Phone: (804) 786-4700 • Fax: (804) 786-6344 <u>www.dcjs.virginia.gov/pss</u>

Status Hotline (804) 786-1132 1-877-9STATUS

Private Security Services - TRAINING COMPLETION ROSTER APPLICATION - FEE \$30.00

IMPORTANT INFORMATION

- > You may only provide one category of training per application.
- > Rosters must be received within **seven (7) days** of training completion date, or if mailed, postmarked no later than **five (5) days** following the training completion date.
- > Amendments to rosters not submitted within 30 days of training date must submit the \$30.00 application processing fee.

School Information							
DCJS ID Number: 88-	School Name:			Trading As:			
Primary Instructor:				DCJS ID Number: 99-			
Location of Training:				City, State, Zip:			
Location of Range:				Code:			
Start Date: S	tart Time:	(Military Format)	End Dat	te:	End Time:	(Military Format)	
Category of Training (one training session per roster application)							
Entry level Subjects							
 □ 01E Security Officer Core Subjects □ 02E Private Investigator □ 03E Armored Car Personnel □ 04E Security Canine Handler □ 05E Armed Security Officer Arrest Authority □ 06E Special Conservator of the Peace Core Subjects □ 30E Electronic Security Subjects 				 □ 32E Personal Protection Specialist □ 35E Electronic Security Technician □ 38E Central Dispatcher □ 39E Electronic Security Sales Representative □ 40E Bail Bondsman □ 44E Bail Enforcement Agent □ Locksmith 			
In-Service Subjects							
 □ 01I Security Officer Core Subjects □ 02I Private Investigator □ 03I Armored Car Personnel □ 04I Security Canine Handler □ 06I Special Conservator of the Peace Core Subjects □ 30I Electronic Security Subjects 			 □ 32I Personal Protection Specialist □ 35I Electronic Security Technician □ 38I Central Dispatcher □ 39I Electronic Security Sales Representative □ 40I Bail Bondsman □ 44I Bail Enforcement Agent □ Locksmith 				
Firearms Training							
☐ 07E Handgun Training ☐ 07R Handgun Re-Trai		E Shotgun Train R Shotgun Re-T	_		Advanced Handgur Advanced Handgur	•	

10/2012 Page 1 of 2

Student Information						
SSN or DCJS ID Number:	Last name:	First name:				
Affirmation						
I certify that each individual has s pursuant to the Regulations Rela	atisfactorily completed the training mandated for ting to Private Security Services 6 VAC 20-171.	each specified training category				
Signature Required:		Date: ————				
Traini	ng School Director	mm/dd/yy				
Printed Name:						
DCJS ID Number: 99-						

All fees are non-refundable. Applications received without payment will be returned.

Submit a check or money order payable to the TREASURER OF VIRGINIA, or pay by credit card using the Credit Card form available at www.dcjs.virginia.gov/forms/privatesecurity/pss_cc.pdf — this form must be included with your application package when paying by credit card.

10/2012 Page 2 of 2